UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1993/P/L.11
19 January 1993

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

China

The Executive Director recommends that the Executive Board approve the country programme of China for the period 1994-1995 in the amount of $36 million from general resources, subject to the availability of funds, and $16,065,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. China has made major strides in child survival and development (CSD) by implementing nationwide primary health care (PHC) and basic education systems. The infant mortality rate (IMR) dropped from 200 per 1,000 live births in the 1940s to 40 to 50 per 1,000 live births in the 1980s. The maternal mortality rate (MMR) has been reduced from an estimated 1,500 per 100,000 live births before 1949 to an estimated 95 per 100,000 live births in 1989. Child immunization coverage is now over 95 per cent for each expanded programme on immunization (EPI) vaccine. Primary school enrolment registered a fivefold increase, from 20 per cent in 1949 to 97 per cent in 1990, and the adult illiteracy rate for the population 15 years and over dropped from 80 to 22 per cent in the same period. Late in 1991, China ratified the Convention on the Rights of the Child, and in early 1992, the State Council approved the national programme of action (NPA) for children, thereby demonstrating the country's strong and continuing commitment to children.

2. While national-level data document the situation of the average child, these statistics do not reflect regional disparities or the problems faced by over 100 million people living in the resource-deficient areas of China, where economic development has been slower. There is increasing evidence that structural adjustments related to economic reforms have tended to increase costs to individuals for health care and education, making access to these services more difficult in poorer counties. Now that economic growth appears to be rapid and sustained, poverty alleviation and putting social "safety nets" in place have become high priority strategies for the Government.

3. Focusing on specific problems of children and women, the IMR varies from below 20 per 1,000 live births in major urban areas to over 100 per 1,000 live births in some remote counties. The population living in these latter counties may be as high as 30 million, equivalent to a medium-sized country. Major causes of infant deaths are problems of the newborn, acute respiratory infections (ARI), tetanus and diarrhoea. Among children between one and five years of age, the main causes of death are ARI, diarrhoea and injuries. A major success has been the decline in vaccine-preventable diseases, with the average incidence dropping over 90 per cent in the last several decades. Exceptions include outbreaks of polio in certain locations in 1989 and 1990 and up to 100,000 cases of neonatal tetanus annually.

4. While there is very little severe malnutrition, the proportion of children under five years of age who are underweight for age is estimated to be about 20 per cent. The proportion of stunted children is over 30 per cent. The prevalence of breast-feeding appears to be decreasing in most areas studied. Over one third of China's population live in iodine-deficient areas and up to 50 per cent of children are at least mildly anaemic.

5. The impressive gains in literacy over the past four decades have been accomplished through the massive expansion of primary education facilities, complemented by a comprehensive structure for adult education. Currently, the majority of the 50 million illiterate people in the 15- to 40-year age-group are from the poor, remote and minority nationality areas, with women constituting about 75 per cent of the group.

6. There are disparities in participation in primary education between males and females, between urban and rural areas and between different nationality groups. The overall completion rate for the five-year primary education system is estimated at 80 per cent. In some remote areas, however, the completion rate is only about 60 per cent. Girls form the majority of children in the 7- to 11-year-old age-group who are not enrolled in schools and constitute about 70 per cent of those who drop out before completing primary education.

7. In 1987, over 8 million children under 15 years of age, or nearly 3 per cent of the total child population, were identified as disabled. Over three fourths of these children were mentally disabled. Survey data showed an association between mental disabilities and the prevalence of iodine deficiency disorders (IDD). In addition to the problems of disabled children, there is a need to address the problems of other children with special needs, for example, street children, unregistered children and children of the "floating" (migrant labour) population. At present there is a clear need to obtain more information on the extent of these problems and their causative factors.

8. In 1990, it was estimated that over 75 per cent of rural inhabitants had access to "improved" water supplies. However, access to safe supplies of water for drinking or hygiene purposes remains a problem in many remote rural areas. In China, the primary deficits in sanitation requirements for young children are good hygiene practices on the part of the mother and child and adequate latrine facilities.

PROGRAMME COOPERATION, 1990-1993

9. The country programme for the period 1990-1993 focused on the following: (a) maintaining the momentum of national programmes such as EPI, strengthening maternal and child health (MCH) services in high mortality rate areas and improving basic education; (b) extending basic services to rural, remote, mountainous, minority and poor areas; and (c) bringing programme strategies more in line with those needed to address the goals for the 1990s.

10. The shift in focus of UNICEF cooperation in China towards the economically underdeveloped and disadvantaged parts of the country that started with a number of projects in the 1985-1989 cycle was accelerated during the current cycle. Analyses have been initiated on the impact of structural adjustment policies stemming from China's economic reform programme on the health and welfare of children and the availability of basic services, especially for the rural poor. Preliminary findings indicate that the PHC system has been affected in a number of poor remote areas and that children often are not attending school due to economic reasons. Therefore, problems of disparities between different regions of the country and questions of financing and organizing services for disadvantaged children and women have assumed greater priority.

Health and nutrition

11. Support for PHC services through the strengthening of the MCH component currently accounts for almost 20 per cent of UNICEF assistance in China. Beginning with 10 model counties and then increasing to 30, an approach to

strengthen MCH was tested over the past decade. Routine monitoring, careful assessment of the project in annual and mid-term reviews and, finally, an internal evaluation led first to refinement, then to extension of the project to 300 poor, high mortality rate counties. This explicit process of development, careful monitoring and evaluation and preparation for going to scale epitomizes an important and, in this case, successful, UNICEF strategy. The project, which brings together aspects of family planning and MCH, is also a model of inter-agency cooperation funded jointly by UNICEF and the United Nations Population Fund (UNFPA), with World Health Organization (WHO) technical assistance.

12. Broad national-level actions to promote breast-feeding, to initiate legislation to control the marketing of infant formula, to establish regulations in the work place conducive to breast-feeding and to make changes in hospital practices were initiated in the mid-1980s. The "baby-friendly" hospital initiative was introduced in 1992.

13. Sustaining the highly successful immunization programme in China has been the primary focus of continuing support for EPI, for which two national reviews have been held in the past three years. Coverage rates of over 90 per cent were documented, and lessons learned included the importance of registering all children in each community; having a well-managed preventive health service; being able to depend on an existing network of PHC workers reaching almost every village; being self-sufficient in vaccine production; and, in particular, assuring very strong commitment by all levels of the Government to the programme. Components that need to be strengthened were also identified, such as increased emphasis on strategies for pockets of low coverage, improved quality of services, improved disease surveillance and greater attention to disease control and eradication, especially for poliomyelitis and neonatal tetanus. The polio eradication strategy has incorporated significant improvements in surveillance and control efforts. Owing to the greatly expanded requirements for eradication of the disease, some oral polio vaccine has been imported to meet shortfalls in production capacity. The Government, with UNICEF support, has also started a tetanus toxoid vaccination programme for all women 18 to 35 years of age in the 300 MCH project counties. This is to be rapidly extended to the rest of the country, initially on a campaign basis, and later as a routine part of EPI.

14. UNICEF support for nutrition-related activities focused on strengthening surveillance and information systems; emphasizing an intersectoral community approach to improving child nutrition; reassessing growth monitoring and promotion with the development of simpler, effective approaches based on encouraging household- and community-level assessment, decision-making and action; and developing clearer national-, provincial- and county-level plans for the control of IDD.

Basic education

15. Activities have concentrated on upgrading and improving teacher performance; improving the design and production of textbooks; increasing the availability of teaching aids; encouraging community participation in the improvement of local schools; and out-of-school science education focusing on community health and protection of the environment.

16. UNICEF assistance for the development and production of preschool and primary school teaching/learning materials and teaching aids has contributed significantly to the increased availability nationally of textbooks, other materials and teaching aids. Project activities in 100 counties aimed at strengthening primary education in disadvantaged areas have enhanced the interest and active participation of community leaders and parents in school improvement activities. The main challenge continues to be improving the participation of girls and children of minority nationality groups. Activities related to education planning have demonstrated the need to strengthen the educational management information system and to evolve appropriate models for monitoring progress at local and provincial levels towards the goals of education for all (EFA).

17. Among the lessons learned in the education projects are the importance of focusing specific attention on the education of girls and women; the importance of reinforcing efforts to promote community participation in all programmes; the importance of continuing and making further advocacy efforts to mobilize the Government and communities in terms of equity and improvement of quality in the EFA initiative; and the need to strengthen the mutually supportive relationship between early childhood care and education activities and between primary education and literacy programmes.

Childhood disability and children with special needs

18. UNICEF assistance to childhood disability programmes in the past has contributed to the initial development of community-based rehabilitation efforts. A network of both community-based and family-based rehabilitation for hearing disabled children has also been established in pilot areas in 15 provinces. Better cooperation is being encouraged with programmes implemented by the health and education sectors related to the prevention of disabilities, such as IDD control, improved antenatal services and the care of disabled children. Initial negotiations to support programmes for other children with special needs have led to a small project for street children.

Social development programme for poor areas

19. During the 1985-1989 country programme, UNICEF began to channel part of its assistance to specially selected poverty-stricken counties. The programme has tested innovative approaches to integrate services, promote community involvement and strengthen the community's capacity to improve and expand the delivery of social services. It demonstrated the feasibility of combining multiple inputs from different sectors, although achievement of synergistic impacts has yet to be evaluated. In the meantime, assessment of implementation indicates the need to reorient the strategies of the ongoing programme with a view to: (a) dealing more comprehensively with national policy aspects related to children and women in poverty situations; and (b) adjusting the area-based and local-level development strategies so that they would serve as models for wide-scale replication.

Water supply and sanitation

20. The first UNICEF-assisted water supply project in China was initiated during 1985-1989 and involved a relatively costly approach of piping water from

reservoirs to villages. After this experience, attempts were made to redirect UNICEF inputs to lower-cost approaches. In the later years of the 1985-1989 cycle and in the 1990-1993 cycle, other water supply projects have been initiated in five provinces. A careful review of past experiences is currently in progress to develop detailed priorities, guidelines and potential strategies for future cooperative projects.

21. Until recently, sanitation activities have received only limited UNICEF support. However, UNICEF has begun to coordinate sanitation advocacy plans with the World Bank and other donors in an effort to raise the issue as a national priority and to strengthen national and subnational capacities for affordable, hygienic latrine improvements and hygiene education in rural areas.

Women and child development

22. Over the last decade, UNICEF has worked very closely with the All China Women's Federation (ACWF), which has well-established organizational structures and staff at all administrative levels. A review of the UNICEF-assisted women in development activities implemented by ACWF, carried out in March 1992, identified areas in which improvement would be helpful, such as better training in project management, greater emphasis on health and quality of life rather than on income only and stronger links with the health, education and other sectors. Through the provincial women's federations, UNICEF has supported innovative approaches for the education of young girls. This has included regular home visits to parents of girls to ensure that they are enrolled as well as retained in schools. Special classes for girls only have been set up in a number of schools and efforts have been made to recruit female teachers to teach these classes.

23. The Child Development Centre of China (CDCC), founded in 1982 as the technical and research arm of ACWF, has developed training and health education materials and has engaged in research and exchange of experience, both nationally and internationally, on various issues concerning total child development. Evaluations carried out in 1991 and 1992 identified areas that need to be strengthened so that CDCC can eventually become a resource centre on child development, not only to ACWF, but also on a national basis. Recommendations were made for closer collaboration with sectoral departments and other research institutions so that work can be targeted to complement the work of other organizations.

24. The non-governmental organizations (NGOs) that have implemented UNICEF-supported activities include the Song Qing Ling Foundation and the China Welfare Institute. UNICEF has been working very closely with these organizations, supporting projects on MCH, breast-feeding, early child development, family education, women's literacy and production skills training and mobile libraries for children.

Social statistics

25. In the field of social statistics, past activities have involved two major concerns: (a) the collection and preparation of existing information on the situation of children and women for use by government agencies and UNICEF; and (b) the carrying out of special multi-province surveys. In 1987, an extensive

survey was implemented by the State Statistical Bureau in nine provinces. Important information was generated that has directly influenced programmes for children and women in China. For example, the unexpectedly high neonatal tetanus rate found by the survey directly stimulated the development of a national tetanus toxoid vaccination programme for women. Based on this experience, a national survey on the situation of children involving all provinces was conducted in 1992. The survey will provide essential baseline data for the NPA.

RECOMMENDED PROGRAMME COOPERATION, 1994-1995

Recommended general resources: $36,000,000
Supplementary funding: $16,065,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	12 300	7 865	20 165
Basic education	10 200	3 000	13 200
Women and child development	3 050	300	3 350
Childhood disability/special needs	1 250	700	1 950
Social development programme in poor areas	1 350	2 000	3 350
Water supply and sanitation	1 530	2 000	3 530
Planning and social statistics	450	200	650
Programme support and advocacy	2 870	-	2 870
Unallocated reserves	3 000	-	3 000
Total	36 000	16 065	52 065

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Country programme preparation process

26. In an attempt to synchronize future country programme cycles with national five-year development plans and the programme cycles of the United Nations Development Programme (UNDP) and UNFPA, UNICEF, jointly with the Government, agreed at the mid-term review meeting in November 1991 to prepare a two-year bridging programme for the period 1994-1995. This will position the next country programme to coincide with China's ninth five-year development plan (1996-2000). The two-year bridging period will provide opportunities to continue effective high-priority activities initiated in the current cycle, as well as to redirect selected activities so that they more fully support the priority goals of the NPA for 1995, leading towards the achievement of the goals for the year 2000.

Country programme framework

27. The basic framework for the 1994-1995 country programme derives its rationale from three main sources: (a) the assessment of the needs of children and women contained in the situation analysis; (b) the NPA, which clearly defines the major goals for the children and women of China in the 1990s and provides a policy framework within which to situate UNICEF support; and (c) the careful review of over 10 years of experience in China, out of which important insights and lessons have been distilled.

28. Three features of the situation in China have influenced the character of the country programme. First, China is unique among large developing countries in the degree to which its extensive PHC and basic education networks reach almost every village and community. Second, there is also a wide variation in the strength of these social programmes in a country as large and diverse as China. Finally, there is a recognition by both the Government and UNICEF that the limited resources provided by UNICEF must be used strategically to maximize their impact, including stimulating the mobilization of significant additional national resources in support of the NPA goals. Accordingly, the basic framework for the country programme for 1994-1995 in China will consist of the mutually supportive elements outlined below.

Advocacy and social mobilization

29. Experience has demonstrated that the Government and the people of China are willing and able to mobilize large segments of society to achieve national as well as community goals. The country programme will provide multiple opportunities to attract the support and endorsement of leaders at all levels and to energize communities and local administrations to take action for children and women. High priority for advocacy and social mobilization will include polio eradication, the elimination of neonatal tetanus, the promotion of breast-feeding, IDD control, the education of girls and basic services for poor areas.

Reducing the impact of poverty

30. Given China's major emphases on development and poverty alleviation, an important role for UNICEF will be to work with appropriate government agencies in identifying the impact of poverty and economic adjustment policies on the

health, nutrition and education of children. Support will be provided to ensure that programmes addressing the needs of children and women in poverty areas are developed or maintained through appropriate social "safety nets" with built-in mechanisms to mobilize the required resources. These concerns are incorporated into each project, but will also be addressed specifically in the social development programme for poor areas.

Capacity-building

31. In order for the country programme to contribute towards sustained progress in strengthening services for children and women and achieving the ambitious NPA goals, capacity-building must be a major element of each project. Particular attention will be directed at implementing agencies at provincial, prefectural and county levels in terms of planning, supervision, training, monitoring and evaluation capabilities. In addition, strengthening the capacity of communities and families by disseminating appropriate information and skills and promoting greater participation in decision-making will be emphasized.

Innovation and demonstration

32. The introduction of new ideas and approaches through each project will be essential if China is to move more rapidly in the next decade to further improve CSD. On the other hand, important ideas and approaches that have evolved in China need to be documented and shared with other countries. In order for new ideas and approaches to take hold and spread, their effective implementation under varying situations must be demonstrated. With its mandate to focus its limited resources, the country programme will include a significant component of support for the development and demonstration of promising models of service delivery. This will involve a geographic focus to develop programmes under difficult conditions, as well as the testing of national systems such as those for special disease surveillance or competency testing of students.

Catalytic effect

33. An important element in the country programme is the effective use of UNICEF support to stimulate the interest and commitment of government agencies for specific programmes related to children and women. Often, the selective use of external funds produces much larger allocations of domestic resources from all levels.

Country programme goals

34. The overall goals of this country programme will be: (a) to enhance the survival and quality of life of children and women within the broad framework of the NPA and the Convention on the Rights of the Child; (b) to assist the Government in achieving specific 1995 goals to lay the basis for achieving and maintaining the goals of the NPA for the year 2000; and (c) to help ensure that all Chinese children, including those who are disadvantaged and underserved, enjoy the rights embodied in the Convention on the Rights of the Child.

Health and nutrition

35. Using 1990 as the baseline, the objectives of the health and nutrition programme will be to support achievement of the following national goals for 1995: (a) a 10 per cent reduction in IMR and the under-five mortality rate through specific targeting of ARI, diarrhoea, neonatal tetanus, other neonatal conditions and injuries; (b) a 20 per cent reduction in MMR, with particular attention to reducing deaths due to haemorrhage; (c) the eradication of poliomyelitis and the elimination of neonatal tetanus; (d) ensuring 85 per cent vaccination coverage with all four EPI vaccines in every township; (e) the reduction of protein-energy malnutrition by 15 per cent; (f) ensuring that 50 per cent of children at four months of age are exclusively breast-fed; (g) having all major hospitals certified as "baby-friendly"; and (h) ensuring accessibility to appropriate case management for ARI and diarrhoeal diseases for at least 80 per cent of children under five years of age.

36. The main strategy for mortality reduction will be to concentrate UNICEF assistance in low-income, high-mortality areas of the country. Recent studies in China have documented that in areas with an average per capita income under 500 yuan ($93), improving health services has a much more direct impact on lowering infant mortality than in better-off areas. Ensuring the continuation of the MCH project in 300 poor counties with high mortality rates in a manner that will form a strong base from which MCH services can be strengthened throughout China will, therefore, be a high priority. Accordingly, important activities already instituted such as training, health education and the development of service and supervisory protocols and a functional management information system will be further strengthened and refined to provide easily replicable models, enhancing the current process of extension of improved service to all other counties. As an example, training activities covering the health workers among the 120 million population of the project counties will have been extended to other counties with a population of about 250 million by the end of 1993, with further extension planned in 1994-1995. Efforts will also be undertaken through EPI and a special mortality reduction project to strengthen already existing national activities for neonatal tetanus, ARI and diarrhoeal disease control, and to stimulate the formulation of national strategies and programmes for the control of injuries, selected neonatal problems and post-partum haemorrhage.

37. As an integral part of the care of women and children, child spacing and family planning is a significant component of the MCH project. Continued emphasis will be placed on improving the capacity of PHC workers to provide appropriate counselling services to families in this regard.

38. With the achievement of over 90 per cent coverage nationally and 85 per cent coverage in every county, strategies in support of EPI will concentrate on sustaining its present momentum, achieving high levels of coverage in every township and increasing efforts for polio eradication and neonatal tetanus elimination. Strategies will involve strengthening national and provincial capacities for disease surveillance, especially with regard to poliomyelitis, neonatal tetanus and measles; enhancing the routine monitoring of immunization coverage; and providing limited amounts of polio vaccine for selected critical periods and areas where the availability of local vaccine is

inadequate. Broad support will continue for training, supervision and cold-chain maintenance.

39. The nutrition-related objectives will be achieved by strengthening the national breast-feeding promotion programme, with a particular focus on the "baby-friendly" hospital initiative; encouraging the adoption of appropriate infant feeding, including the continuation of breast-feeding and the addition of calorically dense complementary foods after four to six months of exclusive breast-feeding; strengthening national food and nutrition surveillance linked to the monitoring of NPA goals; incorporating a focus on household and community assessment, decision-making and action to address the major problems of nutrition; supporting the development of comprehensive maternal and child nutrition activities in a limited number of poor, rural counties to serve as replicable models for widespread extension in the 1996-2000 programme of cooperation; and initiating support to selected components of the revised national IDD control programme. The latter components will include increased advocacy for IDD control, strengthening management capability, refining interventions for high-risk groups, developing improved surveillance techniques and health education. The IDD project was developed through close Government and United Nations inter-agency cooperation and is being supported by UNICEF, UNDP and WHO.

40. In support of all of the specific strategies, assistance to strengthen national- and provincial-level health education capacities and for the development of replicable county-level models for health education activities will continue. The focus of health education at all levels will continue to be on Facts for Life and messages relevant to the goals for 1995 and the year 2000.

Basic education

41. The main objective of the basic education programme is to contribute to the 1995 national EFA goals by: (a) developing approaches to ensure completion of primary education by at least 95 per cent of girls in selected economically underdeveloped and minority nationality areas; (b) improving the quality of education for children with special needs by increasing the availability of trained teachers and developing approaches to ensure participation in regular primary schools; (c) improving the internal efficiency of primary schools in selected rural areas by reducing drop-out and repetition rates at the primary stage; (d) improving the quality and relevance of primary education and enhancing learning achievement by improving educational inputs and processes, particularly in selected less developed areas; (e) expanding and improving the quality of early childhood care and education services in economically backward and minority areas, contributing to the participation of at least 70 per cent of children in the three- to six-year-old age-group; (f) improving the quality and increasing the availability of appropriate instructional/learning materials for literacy, post-literacy and continuing education programmes for girls and women; and (g) promoting the increased acquisition by children and their families of essential life skills and knowledge.

42. These objectives will be achieved by improving primary education and making it more accessible and relevant to the needs of girls in selected economically underdeveloped and minority nationality areas; developing

approaches to facilitate the integration of children with special needs in regular primary schools; upgrading the qualifications and professional competence of teachers through in-service training; strengthening the educational media network and improving the quality of distance education programmes for in-service teacher training and community education; promoting the design and production of low-cost/no-cost teaching aids; setting minimum levels of learning and developing approaches for monitoring learning achievement; promoting family- and community-based interventions for early childhood care and education; strengthening community education programmes for promoting the acquisition by children and their families of the knowledge and skills required for improved living; and developing methods and indicators for monitoring basic education goals.

43. The target beneficiaries of the education projects are preschool and primary school age children, especially those in the economically underdeveloped remote and minority nationality areas. The other group of beneficiaries are the teachers, parents and other family members of children in preschools and primary schools.

Women and child development

44. The objectives of this programme are: (a) to improve the socio-economic status of women by enhancing their literacy level and earning capacity; and (b) to improve child-rearing practices. Activities will be concentrated primarily in remote, poor areas and among minority nationalities.

45. Strategies to address these objectives include the improvement of the planning, managerial, supervisory and training skills of women workers at all levels, initially using training in production skills and income-generating activities to develop realistic models. At the same time, the aim is to strengthen the capacity of ACWF to become a more effective and efficient mass organization in support of social programmes for children and women.

46. The improvement of the status of women will be the aim of two projects, one focusing on income-generating activities linked with literacy programmes, and the other on capacity-building for cadres of women to achieve a greater decision-making and managerial role within the community. These activities will be augmented by a community services and family education project, which will emphasize the development of models of comprehensive services for communities, together with further support for expanding family education programmes. To encourage literacy and the development of good reading habits for children, continued assistance will be provided for the establishment of mobile libraries for children through which out-of-school and cultural activities will also be carried out.

47. In the area of early childhood development, efforts will focus on improving both the format and content of training provided through 200,000 informal schools for parents and by supporting relevant research, training and education activities of CDCC. Projects will continue and expand previously implemented activities, including the dissemination of information and the involvement of parents and caretakers in meeting the development needs of children and ensuring that their rights are protected. Expanded use of Facts for Life messages and materials from the Convention on the Rights of the Child

will be explicit components of these activities. In addition to its training, education and research roles, CDCC will initiate a series of activities such as policy-level seminars designed to clarify the problems of children living in poverty and the actions required to address these problems.

Childhood disability and children with special needs

48. Recognizing the need for more and better services for disabled children and children with special needs, the objectives of this programme will be: (a) to develop the capacity of the Government to provide both preventive and rehabilitative services; (b) to extend community-based rehabilitation services to all provinces; (c) to increase knowledge and information about childhood disabilities through relevant research and surveys; (d) to develop a system of screening and early detection of childhood disability; (e) to advocate for better services for disabled children by disseminating information through mass organizations and mass media; and (f) to collect more complete information about children with special needs, such as street children, in order to develop programmes to meet those needs.

49. The strategies related to these objectives will focus on improved intersectoral coordination; social mobilization, especially through the China Disabled Persons Federation; and the development of effective community-based models and the extension of these models into all provinces. Specific projects on community-based rehabilitation, hearing- and vision-disabled children and street children have been developed.

Social development programme in poor areas

50. The main objectives of this programme are: (a) to assist the Government in the formulation of policies and in the development of implementation strategies for protecting and strengthening social services for children in targeted poor areas; and (b) to develop demonstration projects at the local level for the planning, implementation and financing of basic services for children and women in poor areas, with a clear intention to apply lessons learned to the nationwide expansion of coverage of key services.

51. Two complementary approaches will be applied in this programme. In the first approach, support will be provided for the formulation of national policies for the provision of minimum basic social services for children and women in poverty areas. Of particular relevance is the need to monitor the impact of rapid economic growth and development on social services for children and women in these areas. Careful analysis of these issues should lead to the development of relevant policies and approaches to maintain and protect the essential "safety net" of services. Of critical importance will be the identification of the key policy and programme decisions necessary to mobilize and appropriately use resources for this purpose. These activities will be closely coordinated with the poverty alleviation programmes of the World Bank, UNDP and other United Nations agencies by means of an inter-agency poverty working group.

52. The second approach will involve the development of local-level programmes and strategies aimed at strengthening essential basic services. Provinces with poor counties that are targeted for poverty alleviation will be assisted to

increase access to basic services for vulnerable groups, especially children and women. The programme will seek to empower communities with the relevant knowledge and skills and mobilize local resources in order to increase the participation in and coverage of basic social services at the village level. An integrated and convergent management framework will lay the foundation for intersectoral cooperation among government agencies, the local government and communities in providing wider coverage and a more participatory programme in basic services.

Water supply and sanitation

53. With the overall objective of demonstrating sustainable and replicable models for water supply and sanitation improvement projects throughout the poor and remote regions of the country, the specific objectives of the programme are: (a) to establish a coordinated national and subnational advocacy role for the construction of affordable hygienic latrines and safe water supply systems in all rural areas; (b) to upgrade the training skills of subnational-level hygiene and sanitation extension workers; (c) to develop and produce relevant and innovative teaching aids to assist hygiene and sanitation extension workers; and (d) to provide improved water supplies for 85 per cent of all households and access to sanitary latrines for 35 per cent of the poorest households in project areas.

54. Specific strategies in support of water supply and environmental sanitation will include the strengthening of information systems, training and the development of the capacity to select, design and construct low-cost drinking water and sanitation systems. Because of limited UNICEF support and China's vast needs, close working relationships and coordination with much larger World Bank and UNDP projects will be essential.

Social statistics

55. The general objective of this programme is to strengthen the national and subnational capacity to collect, process, analyse, disseminate and use statistics related to children and women, especially those required for monitoring progress towards achievement of the NPA goals. Two important components involve the strengthening of the State Statistical Bureau and other key agencies, and the establishment of an efficient and effective intersectoral NPA monitoring mechanism. The latter component will build on existing capacities and information systems as much as possible.

Monitoring and evaluation

56. Monitoring and evaluation activities have increasingly become integral parts of the overall country programme as well as project management processes. During the current programme cycle, all major projects have had explicit monitoring and evaluation activities. This practice will continue in the proposed programme. In addition, annual reviews will provide the opportunities to evaluate progress in each project and modify targets, timetables and budgets when necessary. These monitoring and evaluation activities will provide timely feedback, not only for ongoing management, but also to assist in programming the next cycle of cooperation (1996-2000). Major evaluations planned include: (a) an evaluation of the impact of the MCH project over the past decade in

strengthening MCH services and increasing the priority of MCH within the country's social priorities; (b) periodic national EPI reviews; (c) an evaluation of the impact of community nutrition programmes in intervention areas; and (d) monitoring the progress towards EFA and NPA goals.

Cooperation with other agencies

57. Extremely close cooperation exists with UNFPA and WHO in the formulation, implementation and monitoring of the MCH family planning project, and the Government is negotiating a World Bank loan to extend this project's approach to other areas. EPI and "baby-friendly" hospital initiative activities are closely coordinated with WHO, and the IDD project has been jointly programmed with parallel UNDP and WHO inputs. The water supply and sanitation programme has been developed in close consultation with the UNDP/World Bank team implementing water supply projects. Close consultations are maintained with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank and UNDP with respect to support for the government goal of universalization of basic education by the year 2000. A joint UNICEF/UNESCO project aims to strengthen government capacity to monitor this goal. An inter-agency working group on poverty alleviation has been formed to coordinate all United Nations activities in the poor areas of China. Representatives of United Nations agencies and donor Governments participated in all stages of the preparation of the present country programme and progress on implementation is discussed periodically in meetings convened by the United Nations resident coordinator.

Programme management

58. The country programme is structured to operate at both national and subnational levels. At the national level the coordinating agency for UNICEF is the Ministry of Foreign Economic Relations and Trade. Through this link, UNICEF works directly with national sectoral ministries such as those for education and health, and with the national offices of mass organizations, such as ACWF, and NGOs. All project activities are coordinated through these national links. However, project implementation requires UNICEF staff also to work directly with subnational levels such as provinces and counties.

59. The revised International Professional staffing pattern for 1992-1993 includes five core and eight project posts. Similarly, there are three core and two project posts for General Services. With the high priority China has placed on improving water supplies in rural areas, a new post (L-5) has been added in 1993 for a water supply and sanitation project officer. For 1994-1995, proposed staffing includes the shift of a senior programme officer and the information/communications officer from project to core to better reflect their core functions within the country office. Balancing this move will be a change from core to project status for the posts of programme officer for health and supply officer, leaving the total number of international core posts of five unchanged. One General Service secretary post is also proposed to be converted to a core status and a new L-2 post is to be created by shifting a project officer post for assisting in the experience exchange (overseas training) programme from New York to the UNICEF country office in Beijing.

60. Experience in the current cycle with supplementary funding is leading to an approach that emphasizes a greater number of projects, which will give more options to potential donors. At the end of 1992, out of a planned total of over $25 million for 1990-1993, about $8 million has been received. The latter figure does not include over $1 million in global funds and $480,000 for flood emergencies received by the end of 1992. With the broader range of projects to be funded in 1994-1995, it is anticipated that greater interest will be forthcoming from a number of countries. Already, approximately $2.7 million for the MCH family planning project has been committed by UNFPA. The Hong Kong UNICEF Committee has indicated its interest in raising up to $4 million for polio eradication and basic services, and continued funding for health and basic services activities is expected from the Governments of Japan and the United Kingdom of Great Britain and Northern Ireland.

61. With regard to general resources, an amount of $3 million has been retained as unallocated reserves in the country programme budget. Primarily, this amount will assist priority programmes in health which have specific 1995 targets and which may require unforeseen additional funding for items such as vaccines and supplies. A small part of this amount also will be allocated to support national and local policy development for the new social development programme for poor areas and to cover important activities not planned or foreseen at the time of the preparation of this submission.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

China (1991 and earlier years)		UNICEF country classification	
Under-five mortality rate	43	(1991)	Middle U5MR
Infant mortality rate	35	(1991)	Middle IMR
GNP per capita	$ 370	(1991)	Low GNP
Total population	1170 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Millions)	28	21	24	25
Infant deaths (under 1)	(Thousands)	2310	1040	840	875
Under-five deaths	(Thousands)	3327	1355	1032	1075
Under-five mortality rate (per 1,000 live births)		116	65	43	43
Infant mortality rate (under 1) (per 1,000 live births)		83	50	35	35

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1987)	Moderate & severe	..	21 a/
	Severe	..	3 a/
Babies with low birth weight (%, 1979/1987)		6	9
% of primary school children reaching final grade (1980/1988)		66*	81

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1983-1986)		.. /../ ..	65* / 55* / ..
Prevalence of wasting (%, 1980/1987)		3	8 a/
Prevalence of stunting (%, 1980/1987)		11	41 a/
Daily per capita calorie supply (% of requirements, 1988-1990)		..	112
Food production per capita index (Index 1979-1981=100, 1980/1991)		99	138
Household expenditure (% of total income, 1980-1985)	All food/cereals		61 / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			54
Access to health services	Total	..	90
(% of population, 1985)	Urban/rural	.. / ..	100 / 88
Access to safe water	Total	..	74
(% of population, 1980/1990)	Urban/rural	85*/ ..	87 / 68
Access to adequate sanitation	Total	..	..
(% of population)	Urban/rural	.. / ..	.. / ..
Births attended by trained personnel (%, 1986)		..	94
Maternal mortality rate (per 100,000 live births, 1989)		..	95

Immunization		1981	1985	1990	1991
One-year olds (%) immunized against:	Tuberculosis	..	50	99	96
	DPT	..	78	97	95
	Polio	..	78	98	96
	Measles	..	74	98	95
Pregnant women (%) immunized against:	Tetanus	..	..	..	..

TABLE 1 (continued)

China

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	112 / ..	135 / 98*
	Male	121 / ..	140 / 98*
	Female	103 / ..	129 / 97*
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	46 / ..	48 / ..
	Male	54 / ..	53 / ..
	Female	37 / ..	41 / ..
Adult literacy rate, 15 years & older (%, 1990)	Total	..	73
	Male/female	.. / ..	84 / 62
Radio/television sets (per 1,000 population, 1980/1990)		55 / 4	184 / 31

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Millions)	831	996	1153	1171	1310
Population aged 0-15 years	(Millions)	347	382	339	342	366
Population aged 0-4 years	(Millions)	132	98	116	120	110
Urban population (% of total)		17	20	26	27	35
Life expectancy at birth (years)	Total	61	67	70	70	73
	Male	61	66	69	69	71
	Female	62	68	72	72	74
Total fertility rate		5.4	2.7	2.3	2.3	1.9
Crude birth rate (per 1,000 population)		34	21	21	21	16
Crude death rate (per 1,000 population)		10	7	7	7	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1988)		..	72
Population annual growth rate (%, 1965-1980/1980-1991)	Total	2.2	1.5
	Urban	2.6	4.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1991)		4.1	7.8
Inflation rate (%, 1980-1990)		..	6
Population in absolute poverty (%, 1988)	Urban/rural	.. / ..	.. / 13*
Household income share (%, 1989)	Top 20%/bottom 40%	.. / ..	38*/ 22*
Government expenditure (% of total expenditure, 1989)	Health/education	.. / ..	.. / ..
	Defence	..	8
Household expenditure (% of total income)	Health/education	.. / ..	.. / ..
Official development assistance: (1980/1991)	$US millions	66	2166
	As % of GNP	0	1
Debt service (% of goods and services exports, 1980/1990)		5	9

a/ Indicates data that differ from the standard definition or refer to only part of a country.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990–1993 a/

COUNTRY: CHINA
LATEST BOARD APPROVAL: 1989
GENERAL RESOURCES: $62,000,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
									Actual	Planned	Actual	Planned	Actual	Planned
	GR	FSF	GR	FSF	GR	FSF	GR	FSF						
Health and nutrition	13369	4838	3219	1320			706	409	17294	21562	6567	6764	23861	28326
Basic education	7291	22	2946				654		10891	18292	22		10913	18292
Women and child development	1378	335	852	159			294	31	2524	6886	525		3049	6886
Childhood disability	2346		1380				1013		4739	2467			4739	2467
Social development programme in poor areas b/	1046		363				153		1562	6330		18000	1562	24330
Programme support c/	717		704		2070		288		3779	6293			3779	6293
Emergency	21	290		5			86	39	107	170	334	480	441	650
GRAND TOTAL	26168	5485	9464	1484	2070		3194	479	40896	62000	7448	25244 d/	48344	87244

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 17 December 1992.

b/ Including water supply and sanitation.

c/ Including social statistics.

d/ Of this amount, $14,700,000 remains unfunded.

TABLE 3. PLANNED EXPENDITURE, 1994 – 1995

(In thousands of United States dollars)

Country: CHINA Period covered: 1994 – 1995	Funding status	1994	1995	Total
Health and nutrition	GR	6150	6150	12300
	FSF a/	1500	1065	2565
	NSF	2650	2650	5300
Water supply and sanitation	GR	750	780	1530
	NSF	1000	1000	2000
Basic education	GR	5080	5120	10200
	NSF	1500	1500	3000
Women and child development	GR	1570	1480	3050
	NSF	150	150	300
Childhood disability and special needs	GR	675	575	1250
	NSF	350	350	700
Planning and social statistics	GR	225	225	450
	NSF	100	100	200
Programme support and advocacy	GR	1375	1495	2870
Social development programme in poor areas	GR	675	675	1350
	NSF	1000	1000	2000
Unallocated reserves	GR	1500	1500	3000
TOTAL	GR	18000	18000	36000
	FSF	1500	1065	2565
	NSF	6750	6750	13500
GRAND TOTAL		26250	25815	52065

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

a/ UNFPA contribution to the jointly programmed MCH project, funded for 1990–1994 has now been extended through 1995.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

CHINA

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1994–1995 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L3	D1/L4	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health and nutrition	12300			12300													
Water supply and sanitation	1530			1530													
Basic education	10200			10200													
Women and child development	3050			3050													
Childhood disability and special needs	1250			1250													
Planning and social statistics	450			450													
Programme support and advocacy	2870			2870			2	5		2	9		1	10	2247	116	2363
Social development programme in poor areas	1350			1350													
Unallocated reserve	3000			3000													
TOTAL GR	36000			36000			2	5		2	9		1	10	2247	116	2363
SUPPLEMENTARY FUNDING																	
Health and nutrition		2565	5300	7865													
Water supply and sanitation			2000	2000													
Basic education			3000	3000													
Women and child development			300	300													
Childhood disability and special needs			700	700													
Planning and social statistics			200	200													
Social development programme in poor areas			2000	2000													
TOTAL SF		2565	13500	16065													
TOTAL GR & SF				52065			2	5		2	9		1	10	2247	116	2363
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994–1995)	Operating costs			1065													
	Staffing b/				1		2	2			5		4	9	1394	600	1994
GRAND TOTAL (GR + SF + ADM)					1		4	7		2	14		5	19			
	Number of posts and staff costs:																
	– At the beginning of previous programme (1990)										11		5	16	N/A	N/A	N/A
	– At the beginning of proposed programme (1994)										14		5	19	N/A	N/A	N/A
	– At the end of proposed programme (1995) **(Indicative only)**										14		5	19	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1994.

c/ Project posts are funded for five years; core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.